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Secretary of State
Capitol Office
IDAIDE SUPANNA

Name of Candidate T.O. Tommy Moffatt

Address 1510 Oldfield Drive, Gautier, MS 39553

Telephone 228 - 623 - 2533 Fax 228 - 497 - 2533

Contact Name SAME Email Sen520@cablone.net

Office Sought STATE SENATE, DIST. 52 Political Party REPUBLICAN

☐ Check here if above is different from previous report

TYPE OF REPORT

 May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....**Mandatory**

June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates

October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates

November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates

<input checked="" type="checkbox"/>	January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....	All Candidates and Political Committees
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<p>Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)</p>	<p>Required to terminate reporting obligations</p>
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IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 8,850.00 + \$ 700.00	\$ 9,550.00	\$ 9,050.00
Total amount of disbursements	\$ 6,003.72 + \$ 8,814.28	\$ 14,818.00	\$ 14,818.00
Total amount of cash on hand		\$ 57,351.79	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date _____

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. *Candidates for countywide and county district offices should return forms to their county Circuit Clerk.*

Name of Candidate or Committee T.O. "Tommy" Meffatt
 Reporting period 1/1/2010 through 12/31/2010

ITEMIZED DISBURSEMENTS

A. Full name <u>Tam King Campaign / Friends of Tom King</u>	Date (Mo., Day, Year) <u>1/11/10</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>P.O. Box 1134</u>		\$
City, State, Zip Code <u>Petal, MS 39465</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>
B. Full name <u>Jas. A. Bank</u>	Date (Mo., Day, Year) <u>1/18/10</u>	Amount of each disbursement this period \$ <u>662.87</u>
Mailing Address <u>4870 I55 N</u>		\$
City, State, Zip Code <u>Jackson, MS 39311</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>662.87</u>
C. Full name <u>MS REPUBLICAN PARTY</u>	Date (Mo., Day, Year) <u>1/18/10</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>PO BOX 60</u>		\$
City, State, Zip Code <u>Jackson, MS 39205</u>	<u>8/29/10</u>	\$ <u>500.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name <u>Friends of Alan Nunnelee</u>	Date (Mo., Day, Year) <u>2/18/10</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>P.O. Box 7092</u>		\$
City, State, Zip Code <u>Tupelo, MS 38802</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name <u>MS Center for Public Policy</u>	Date (Mo., Day, Year) <u>5/13/10</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address <u>520 George St</u>		\$
City, State, Zip Code <u>Jackson, MS 39202</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.00</u>
F. Full name <u>American Heart Ass'n</u>	Date (Mo., Day, Year) <u>8/13/10</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>2159 East Pass Road</u>		\$
City, State, Zip Code <u>Gulfport, MS 39507</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee T.O. "Tommy" Moffatt
 Reporting period 1/1/2010 through 12/31/2010

ITEMIZED DISBURSEMENTS

A. Full name <u>Palazzo for Congress</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 4634</u>	<u>8/13/10</u>	\$ <u>1,000.00</u>
City, State, Zip Code <u>Biloxi, MS 39535</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,000.00</u>
B. Full name <u>Haley's PAC</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 1186</u>	<u>9/17/10</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Jackson, MS 39215</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>
C. Full name <u>The Energy Council</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>5400 LBJ Freeway Suite 985</u>	<u>11/2/10</u>	\$ <u>300.00</u>
City, State, Zip Code <u>Dallas, TX 75240</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>ENERGY COUNCIL MTG</u>	Aggregate Year-to-date	\$ <u>300.00</u>
D. Full name <u>LaFonda Hotel</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>11/2/10</u>	\$ <u>790.85</u>
City, State, Zip Code <u>Santa Fe, NM</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Energy Council Mtg</u>	Aggregate Year-to-date	\$ <u>790.85</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee T.O. "Tommy" Moffatt Page 1 of 4
 Reporting period 1/1/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast Cable</u>		<u>1/18/10</u>	\$ <u>250.00</u>
Mailing Address <u>120 N. Congress Street, Suite 640</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T Employee Political Action Comm</u>		<u>9/3/10</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capitol Street - 702 LMC</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cherron Policy Govt & Public Affairs</u>		<u>9/17/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 9034</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Concord, CA 94524</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>American Chemistry Council</u>		<u>9/17/10</u>	\$ <u>500.00</u>
Mailing Address <u>1300 Wilson Blvd.</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Arlington, Va 22209</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee T.O. "Tommy" MaffettReporting period 1/1/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Grand Trunk Western Railroad Co.</u>	<u>10/14/10</u>	\$ <u>250.00</u>
Mailing Address <u>2800 Livernois, Suite 300</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Troy, MI 48007-5025</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>	<u>10/15/10</u>	\$ <u>500.00</u>
Mailing Address <u>135 N. Church Street</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Spartanburg, SC 29306</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Action Comm for Rural Electrification</u>	<u>11/12/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 3300</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Denbury Resources, Inc.</u>	<u>11/12/10</u>	\$ <u>500.00</u>
Mailing Address <u>5100 Tompkins Parkway, Suite 1200</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Plano, TX 75024</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee T.O. "Tammy" MoffattReporting period 1/1/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Exxon Mobil Corporation</u>		<u>10/18/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 551</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Baton Rouge, LA 70821-0551</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>g</u>		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DePant Government Affairs</u>		<u>12/13/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>1005 Congress Ave., Suite 1070</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Austin, TX 78701</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia-Pacific</u>		<u>12/29/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 61270</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Phoenix, AZ 8502-1270</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Power CO State PAC</u>		<u>12/30/10</u>	\$ <u>500.00</u>
Mailing Address <u>2992 West Beach Blvd.</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Gulfport, MS 39502-4079</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee T.O. "Tommy" Moffatt
 Reporting period 1/1/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>NISOURCE INC. PAC</u>		<u>11/04/2010</u>	\$ <u>350.00</u>
Mailing Address <u>200 CIVIC CENTER DRIVE</u>		<u> / / </u>	\$
City, State, Zip Code <u>Columbus, OH 43215</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>350.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>General Electric Company</u>		<u>10/25/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 9544</u>		<u> / / </u>	\$
City, State, Zip Code <u>Fort Myers, FL 33906-9544</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gulf States Toyota, Inc.</u>		<u>11/17/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>1375 Enclave Parkway</u>		<u> / / </u>	\$
City, State, Zip Code <u>Houston, TX 77017</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$